

EZ CLEAR SAVINGS BOND ADJUSTMENT REQUEST FORM

ABA: _____	Request Date: _____
Bank Name: _____	Request For: <input type="checkbox"/> Credit <input type="checkbox"/> Debit <input type="checkbox"/> Info
Street/PO Box: _____	Amount of Request: \$ _____
City: _____	State: _____ Zip: _____
Sender's Reference #: _____	Contact Name: _____
Phone Number: _____	Fax Number: _____

Please Check One of the Following:

<input type="checkbox"/> Enclosed Not Listed <small>(photo of bond must be included with request)</small>	<input type="checkbox"/> Indemnified Photocopy <small>(See Facsimile Instructions below)</small>
<input type="checkbox"/> Listed Not Enclosed <small>(photo of bond must be included with request)</small>	<input type="checkbox"/> Entry In Error <small>(copy of EZ Clear Entry must be included)</small>
<input type="checkbox"/> Encoding Error <small>(photo of bond must be included with request)</small>	<input type="checkbox"/> Duplicate Entry <small>(copy of both FRB statements must be included)</small>
<input type="checkbox"/> Listing Error <small>(photo of bond must be included with request)</small>	<input type="checkbox"/> Photo And Original Paid
<input type="checkbox"/> Not Our Item <small>(photo of bond must be included with request)</small>	<input type="checkbox"/> Copy Of Advice <small>(copy of FRB statement must be included)</small>
<input type="checkbox"/> Non-Cash Item <small>(photo of bond must be included with request)</small>	<input type="checkbox"/> Information Request <small>(copy of EZ Clear Entry must be included)</small>

Facsimile Instructions:

1. A complete photocopy of both the **Front** and the **Back** of the bond is necessary.
2. The bond can not have been filmed in a Check Carrier that conceals the back of the bond and the endorsement of the owner.
3. A COMPLETED INDEMNIFICATION STATEMENT (FORM 700-A) must accompany each photocopy.

Research Information:

Cash Letter Date:	Cash Letter Total : \$
Tape Total: \$	(Use the following for Encoding and Listing Errors)
Before Item:	Listed As:
After Item:	Should Be:

Comments: _____

Please mail all Adjustment Requests to:

EZ Clear Adjustments
Federal Reserve Bank - Pittsburgh
P.O. Box 867
Pittsburgh, PA 15230-0867

Phone: 1-800-245-2804
Fax: 412-261-8562